

Sacred Heart Medical Center

(509) 474-3330 5/1 JP

NAME [REDACTED]		SEX F	ACCOUNT NUMBER Z22088930
ORDERING PHYSICIAN Wymore, Michael J	PT. STATUS REG ER	LOCATION Z.BLU	MEDICAL RECORD NO. [REDACTED]
ATTENDING PHYSICIAN Wymore, Michael J	DATE OF BIRTH [REDACTED]	AGE [REDACTED]	DATE OF EXAM 04/29/2008
		RADIOLOGY NO.	

EXAM# TYPE/EXAM  
000839589 MRI/MRI SPINE LUMBAR ENH/UNENH

MRI LUMBAR SPINE - ENHANCED

CLINICAL INFORMATION:

Low back pain, pain and numbness in feet. Surgery for tethered cord release 11 days ago.

COMPARISON:

MR lumbar on 03/24/2008.

PROCEDURE:

Sagittal T1, sagittal T2, axial T1, axial T2, sagittal STIR, sagittal T1 post 3 ml Magnevist, axial T1 post 3 ml Magnevist.

FINDINGS:

There has been a wide laminectomy at the L4 level since the last study from All County Open MRI on 03/24/2008. A postoperative fluid collection is noted at the laminectomy site, likely a postoperative seroma, effacing the posterior extradural space and causing mild central canal stenosis. There is epidural enhancement at the level of laminectomy, likely due to granulation tissue. There is also some enhancement involving nerve roots in the cauda equina, perhaps from root irritation by the recent surgery. There is some crowding of nerve roots at the level of spinal stenosis at L4-L5. The conus medullaris is normal in appearance, with its tip at the lower L1 level, unchanged. There are no signs of cord tethering. There is slight prominence of the central canal of the lower thoracic cord and conus, within the range of normal. No disc herniation, solid mass, or foraminal stenosis is noted in the lumbar spine. There is enhancement in the posterior paraspinal muscles from L3 through the upper sacrum, likely secondary to the recent laminectomy. Vertebral body heights, alignment, and osseous signal intensity are normal.

IMPRESSION:

1. Wide laminectomy at the L4 level since 03/24/2008, with a 2.7 x 1.5 x 0.7 cm postoperative fluid collection at the laminectomy site, effacing the posterior extradural space and causing minimal central

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<Continued>

canal stenosis at L4-L5, new since 03/24/2008.

2. Extradural enhancement at the laminectomy site, likely due to postoperative granulation tissue. Enhancement also noted in posterior

paraspinous muscles from L3 through the upper sacrum, due to the recent surgery.

3. Some enhancement is noted involving nerve roots of the cauda equina, likely due to mild postoperative arachnoiditis.

4. No other significant abnormalities noted. No cord tethering, disc

herniation, foraminal stenosis, fracture or subluxation is seen.

S: SQ

\*\* REPORT SIGNATURE ON FILE 04/29/2008 \*\*

Reported By: GARY V BELL MD

Signed By: GARY V BELL MD

Transcribed: 04/29/2008 (1305) S/Q

CC: Ronda L Westcott

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